

<b>PETITION FOR EXTENSION OF TIME UNDER C.F.R. 1.136(a)</b> <b>(Large Entity)</b>					Docket No. <b>16169.6</b>	
In Re Application Of: <b>Norimasa ISHII <i>et al.</i></b>						
Application No. <b>10/532,550</b>	Filing Date <b>08/17/2005</b>	Examiner <b>Louis V. Falasco</b>	Customer No. <b>022913</b>	Group Art Unit <b>1794</b>	Confirmation No. <b>3823</b>	
Invention: <b>Glass substrate for magnetic recording medium and method for manufacturing the same</b>						
<div style="text-align: center;"> <u>COMMISSIONER FOR PATENTS:</u> </div> <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <b><u>February 6, 2008</u></b> in the above-identified application.</p> <p style="text-align: center;"><i>Date</i></p> <p>The requested extension is as follows (check time period desired):</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input checked="" type="checkbox"/> One Month <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months <input type="checkbox"/> Four Months <input type="checkbox"/> Five Months </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> from: <b><u>May 6, 2008</u></b> <i>Date</i> until: <b><u>June 6, 2008</u></b> <i>Date</i> </div> <p>The fee for the extension of time is <b><u>\$120.00</u></b> and is to be paid as follows:</p> <div style="margin-top: 10px;"> <input type="checkbox"/> A check in the amount of the fee is enclosed. </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <b>23-3178</b>. </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefore and charge any additional fees which may be required to Deposit Account No. <b>23-3178</b>. </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Payment by credit card. </div> <p style="margin-top: 10px;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 30px;"> <div style="text-align: center;"> <u>          /Carl T. Reed/Reg. #45454          </u>  <i>Signature</i> </div> <div style="text-align: right;"> Dated: <b><u>June 6, 2008</u></b> </div> </div> <div style="margin-top: 20px;"> <b>CARL T. REED</b>  <b>Registration No. 45,454</b>  <b>Attorney for Applicant</b>  <b>801-533-9800</b> </div>						
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